

V. FINANCIAL MANAGEMENT

Table of Contents

A. Introduction.....	V-1
B. Activity Set-Up.....	V-1
C. Request for Payment	V-1
D. Waiver Request	V-2
E. Completion Report	V-2
F. Completion Report Instructions	V-2
Attachment 6-1 Activity Set-Up Report.....	V-12
Attachment 6-2 Request for Payment	V-13
Attachment 6-3 Homeowner/Homebuyer Completion Report	V-14
Attachment 6-4 Rental Rehab Completion Report.....	V-18
Attachment 6-5 Waiver Request.....	V-23
Attachment 6-6 County Codes	V-24

A. INTRODUCTION

The HOME Homebuyer & Rehabilitation program utilizes forms for activity set-up, activity completion, and payment request that reflect the information that must be entered into the federal cash management system.

B. ACTIVITY SET-UP

One activity set-up report must be submitted for each activity that will be assisted with HOME dollars. Each household or address will be assigned an individual activity number by HUD and Commerce tracks all activities by this designated activity number, not by the homeowner's name or address. The set up form shows that the environmental review has been completed, or that certain activities are exempt from review, the amount of HOME contract dollars anticipated to complete this activity, the estimated HOME Program Income to be used on this activity, and the amount of other funds that will be utilized for the activity. The form also provides specific information about the homeowner or buyer and location of the house. Each activity set-up or revision must be submitted with an original signature and date. **Faxed set-ups or PDF files through e-mail are acceptable, as long as the form is signed by the authorized person. Please do not mail the original after faxing or emailing the document.**

If unanticipated costs are encountered during the activity, you must submit a "Revision Set-up" requesting additional dollars for the activity. If there are sufficient dollars in the contract, the revision will be approved and additional funds may be drawn at this time. Do not send in a revision to decrease the amount of Program Income and increase HOME contract dollars. Program Income must be used before contract dollars and this is a violation of the HOME rule.

Also, a revision is NOT required to be submitted when actual costs are less than the original set-up amount. The submission of a completion report releases the funds to be used toward another activity.

C. REQUEST FOR PAYMENT

The Request for Payment is used to request both activity and administrative funds. Only one type of payment may be requested per form. HOME funds may be retained in the Grantee's account for no more than 15 days. Because of this HOME rule it may be necessary to make more than one payment request for each activity. Each request for payment must be submitted with an original signature and date.

Please keep accurate records of the contract balance, and the amount you have drawn from each activity. **Faxed requests or PDF files through e-mail are acceptable as long as the form is signed by the authorized person. Please do not mail the original after faxing or emailing the document.**

D. WAIVER REQUEST

A waiver must be submitted for:

- Owner-occupied rehabilitation activities requiring \$25,000 or more in funding from HOME and/or other sources. Other sources do include HOME program income.
- Homebuyer activities requiring \$30,000 or more in funding for acquisition and rehabilitation from HOME and/or other sources. This **does not** pertain to new construction activities.

E. COMPLETION REPORT

The Homeowner Completion Report provides Commerce and HUD with information on the use of HOME funds, program income, match and leverage dollars brought to each activity. A completion report is required for each individual activity and is due at HCD within 120 days after the final request for payment has been processed.

Completion reports may be submitted via mail, e-mail or fax.

HOMEOWNER/BUYER COMPLETION REPORT INSTRUCTIONS

The purpose of the Homeowner/buyer Completion Report is to summarize how HOME, private and public funds are used in an activity. This report is required at the completion of an activity. The information on this report will be used by Congress to gage the progress of the HOME program in the State of Wisconsin and on a national level.

1. ACTIVITY INFORMATION

ACTIVITY#: Enter the five digit unique number assigned by HUD to this activity. The activity number is assigned when the grantee submits the Activity Set-up Report to the Department of Commerce.

PROGRAM: Indicate the appropriate program type for this activity: HHR for the HOME Homebuyer and Housing Rehab, HHR-RR for Rental Rehab, WFS for Wisconsin Fresh Start Program and RHD for Rental Housing Development.

SUBMISSION DATE: Enter the date when all work for an activity has been completed and the Homeowner Completion Report is mailed to the Department of Commerce.

CONTRACT#: Enter the HOME contract number under which this activity is funded.

ORIGINAL SUBMISSION: Check this box only if it is the first time a grantee is submitting a Homeowner Completion Report for this activity.

REVISION: Check this box only if this is not an original submission and revisions were made to the Homeowner Completion Report.

E-MAIL ADDRESS: Enter the e-mail address of the contact person. If two or more agencies are involved, enter the e-mail address of the person who can answer questions about this activity.

AGENCY NAME: Enter the name of the agency overseeing the activity. If more than one agency is involved, enter the name of the lead agency.

AGENCY CONTACT: Enter the name of the primary person to contact regarding the Homeowner Completion Report. If more than one agency is involved, enter the name of the person who can answer questions about the activity.

TEL #: Enter the phone number of the agency contact.

EXT: Enter the extension number of the agency contact.

TYPE OF ACTIVITY: Enter the number of the activity type for this activity.

1. Rehab Only:

Rehab only is the alteration, improvement and modification of an existing structure. Replacement housing is considered rehab.

2. New Construction Only:

New Construction only is new construction of a single family home.

3. Acquisition Only:

Acquisition only is down payment and closing cost assistance for the purchase of a single family home that does not require rehabilitation.

4. Acquisition & Rehab:

Acquisition and rehab is down payment and closing cost assistance for the purchase of a single family home, and funds for the rehabilitation of that home to meet HQS.

5. Acquisition & New Construction:

Down payment and closing cost toward the purchase and construction of a dwelling.

ACCESSIBLE MODIFICATION:

This is a HOME activity that funds accessibility modification improvements which are not extensive in scale. Accessibility modification improvements include the repair and/or the construction of elements that assist persons with handicaps to more fully and safely utilize their home.

Indicate whether or not this is an accessible activity.

SECTION 504 ACCESSIBLE:

This is a HOME activity where the complete unit meets uniform federal accessible standards. More extensive than accessible modification improvements, it generally entails making the entire unit accessible to assist persons with handicaps to more fully and safely utilize their home. **Note: Section 504 Accessible does not apply to Single Family Rehab activities.**

Indicate whether or not this is a section 504 accessible activity.

FIRST-TIME HOMEBUYER:

A first time homebuyer is a homebuyer who has not owned a home for the last three years prior to this assisted purchase.

Indicate whether or not this is a first-time homebuyer activity.

LEASE PURCHASE: If this activity involves a lease purchase arrangement, enter the date the agreement was signed. Ownership of the unit must be conveyed to the homebuyer within 36 months of signing the lease purchase agreement.

2. HOME CONTRACT FUNDS

REHAB OR DEVELOPMENT

DIRECT LOAN:

Enter the HOME contract funds awarded to low-and moderate-income homeowners for rehabilitation, the interest rate and term of the loan.

GRANT:

Enter any HOME contract dollars given to the homeowner for the purpose rehabilitation of a single family home that do not require repayment.

DEFERRED PAYMENT LOAN:

Deferred payment loans (DPL) may be forgivable or payable over a period of time. Deferred payment loans can accrue interest or be non-interest bearing and the property is used as collateral.

Enter the amount of HOME funds being provided for rehab as a DPL.

TOTAL HOME REHAB FUNDS:

Enter the total costs from direct loan, grant and deferred payment loan, used for rehabilitation or development.

RELOCATION COSTS:

The Uniform Relocation and Real Property Acquisition Policies Act, also known as the Uniform Act, applies to all assisted properties. Both permanent and temporary relocation assistance are eligible costs. Information on temporary relocation can be found in Chapter XV.

Enter all relocation payments associated with this activity.

DOWNPAYMENT ASSISTANCE

DIRECT LOAN:

Enter the HOME program funds awarded for downpayment assistance.

GRANT:

Enter any HOME contract dollars given to the homeowner for the purpose of downpayment assistance for a single family home.

DEFERRED PAYMENT LOAN:

Enter the amount of HOME funds being provided for downpayment assistance as a DPL.

TOTAL HOME DOWNPAYMENT FUNDS:

Enter the total costs from direct loan, grant and deferred payment loan used for downpayment assistance.

INITIAL PURCHASE PRICE:

Enter the purchase price of the single family home. You are required to give this amount for all homebuyer.

AFTER REHAB VALUE:

Enter the value of the single family home after rehabilitation.

You are required to give this amount for all rehabilitation activities. This amount is required for homebuyer activities where rehab is completed as part of the activity.

HOME MORTGAGE LIMIT:

Enter the maximum purchase price/after rehabilitation value for the county where the activity is located.

The value of any homebuyer/homeowner occupied property may not exceed 95 percent of the median purchase price for that type of single family housing for the area, as published by HUD. The HOME mortgage limit is the maximum purchase price or after rehabilitation value of a home based on Section 203 (b) of Single Family Mortgage Limits. Section 203 (b) limits are determined by HUD's Office of Single Family Housing. To view updated limits on-line, go to the Division of Housing and Community Development website: <http://commerce.wi.gov/CD/cd-boh-Home.html>

APPRAISED VALUE:

Enter the estimated market value of a homebuyer property based on purchase appraisal.

3. OTHER FEDERAL FUNDS

(Provide information explaining the source and use of all non-HOME federal funds)

FEDERAL FUNDS:

Enter contributions made with or derived from federal resources or funds. Some examples of federal funds are CDBG funds, Workforce Investment Act, FHA, Department of Energy (DOE) Weatherization Emergency Assistance Program (EAP) and Preservation Grants.

USDA RURAL DEVELOPMENT:

Enter the total amount dollar from a USDA Rural Development loan.

TOTAL FEDERAL FUNDS:

Enter the total of all non-HOME federal funds in this activity.

4. STATE/LOCAL FUNDS

(Provide information explaining the source and use of state and local funds)

HOUSING TRUST FUNDS:

These are funds dedicated by municipalities for affordable housing, such as the City of Stevens Point's HOORA Program

Enter the amount of any housing trust funds used in this activity.

STATE/LOCAL APPROPRIATED FUNDS:

These funds are appropriated by the State legislature to assist low- and moderate-income households with housing needs like foreclosure prevention, downpayment and closing costs. Some examples of an appropriated funding source are HCRI, Focus on Energy and the Housing Organization and Direct Assistance Program (HODAP).

Enter the amount of any state or local appropriated funds used in this activity.

STATE/LOCAL TAX EXEMPT BOND PROCEEDS:

These are loans made from State and local municipalities from affordable housing bond proceeds such as housing authority mortgage revenue bonds and WHEDA loan programs.

TOTAL PUBLIC FUNDS:

Enter the total of all State/Local funds used in this activity.

5. PRIVATE FUNDS**LENDER NAME:**

Enter the name of the lender associated with this activity.

MORTGAGE AMOUNT:

Enter the mortgage amount associated with this activity.

LOAN TYPE:

Indicate whether the loan is fixed or variable. The interest rate of a fixed interest rate loan will not change during the life of the loan. The interest of a variable interest rate loan may change during the life of the loan.

LOCK IN DATE:

A lock in-date is used to guarantee a specific interest rate, if the loan is closed within a specific time.

Enter the date when the interest rate was locked in.

INTEREST RATE: Enter the interest rate at which the homeowner received the loan.

NO. OF YEARS: Enter the number of years for which the mortgage loan is written.

PRIVATE LOAN AMOUNT:

Enter the amount borrowed from a private lender to purchase, construct or rehabilitate this activity.

OWNER CASH CONTRIBUTION:

Enter funds provided by the homeowner toward the purchase, construction or rehabilitation of a single-family home. Owner cash contributions includes: earnest money, home inspection costs, appraisal fees, repair costs, and home insurance.

FOUNDATION GRANTS:

Foundation grants are non-federal cash contributions from a third party. Examples of foundation grants are: credit from the lender, Federal Home Loan Bank (FHLB-AHP) down payment assistance.

Enter the amount of foundation grant funds associated with this activity.

INDIVIDUAL DONATIONS:

Individual donations include monetary gifts from relatives or friends, credit from the seller for closing costs or other seller contributions, and charitable gifts from organizations like Goodwill and the United Way towards the construction, purchase or rehabilitation of this activity. Enter any individual donations associated with this activity.

TOTAL PRIVATE FUNDS:

Enter the total amount from private loan amount, owner cash contribution, foundation grants and individual donations.

6. HOME PROGRAM INCOME

Program income is the gross income received by a grantee that is directly generated from the use of HOME funds and matching contributions. Examples of program income are proceeds from the sale or long-term lease of real property acquired, rehabilitated or constructed with HOME funds.

Enter all program income funds used in association with this activity.

TOTAL ACTIVITY COSTS:

Enter the sum of all total fields in Sections 2 through Section 6.

7. DONATIONS: (provide documentation)

SITE PREPARATION:

Site preparation donated for construction or acquisition or rehabilitation of a HOME single family home. Some examples of site preparation are demolition work and grading.

Enter the dollars value of all site preparation work associated with this activity

CONSTRUCTION MATERIALS:

Donated construction material used in the construction or rehabilitation of a HOME single family home. Some examples of construction materials are wood, mortar, steel, drywall, flooring etc.

Enter the dollar value of construction materials associated with this activity.

DONATED LABOR:

A rate of \$10.00 per hour is the rate established by HUD for unskilled donated or voluntary labor. Labor from community groups, nonprofits, friends, neighbors, corrections work crews, Job Training Partnership Act (JTPA), and the Wisconsin Fresh Start (WFS) programs are some examples of donated labor.

Enter the dollar value of all donated labor associated with this activity.

OWNER SWEAT EQUITY:

This is the value of labor that members of the activity household contributed to the rehabilitation or construction of their single-family home. The value of owner sweat equity is computed using the \$10 per hour rate established by HUD for unskilled labor.

Enter the dollar value of the owner sweat equity associated with this activity.

COUNSELING/PROFESSIONAL SERVICES:

The value of counseling/professional service is determined by the rate that the individual or entity performing the service normally charges. Direct costs are limited to salary costs (including benefits) and the cost of materials related to the services provided (e.g., pamphlets, tool kits for new homeowners etc.) can be counted as match. Some examples of counseling/professional services are first homebuyer education classes and affordability counseling.

Enter the dollar value of the counseling/professional service for this activity.

TOTAL DONATIONS:

Enter the total amounts from site preparation, construction materials, donated labor, owner sweat equity and counseling/professional services.

8. FORGONE TAXES AND FEES: (provide documentation)

FORGONE TAXES:

These are State or local taxes that are normally imposed or charged for similar activities. Some examples of forgone or deferred taxes are local property taxes, transfer taxes and state tax credits. For taxes that are forgiven only for a single year enter the full amount of the tax forgiven.

Enter the dollar value of forgone taxes for this activity.

WAIVED FEES:

These are fees that are normally imposed for similar activities that are waived. Some examples of waived fees are permit fees, recordation fees and impact fees. For fees that are waived only for a single year enter the full amount of the waived fees.

Enter the dollar value of waived fees for this activity.

WAIVED CHARGES:

These are waived charges that are normally imposed for similar activities that are waived. Some examples of waived charges by private or public institutions are title insurance premiums and utility hook-up surcharges. For charges that are waived only for a single year enter the full amount of the waived charges.

Enter the dollar value of waived charges for this activity.

9. DONATED LAND (provide documentation)

There are three types of donated land publicly owned land or property, private owned land or property or foreclosed property. Generally, the value of donated land is the appraised value before any HOME assistance is provided, minus any debt burden, lien or other encumbrance. Property must be appraised by an independent certified appraiser.

PUBLICLY OWNED LAND:

The amount of the match contribution will be the difference between the appraised value of the property at acquisition and the acquisition cost, minus any debt, liens or encumbrances.

Enter the dollar value of the publicly owned land for this activity.

PRIVATE OWNED:

Land donated from a private source to a HOME activity is 100 percent of the property value, minus any debt, liens or encumbrances.

Enter the dollar value of the private owned land for this activity.

FORECLOSED PROPERTY:

Banks may sell a foreclosed property at an amount equal to back taxes owed. The value of the foreclosed property is the appraised value, before any HOME assistance is provided, minus any debt burden, lien or other encumbrance.

Enter the dollar value of the foreclosed property for this activity.

TOTAL DONATED LAND:

Enter the dollar value from publicly owned land, private owned land and foreclosed property.

10. INFRASTRUCTURE: (provide documentation)

Only infrastructure not paid for with federal funds may be claimed as match. Some examples of infrastructure are streets, sidewalks, street lights and utility lines and connections serving the activity. Infrastructure improvements must be made within 12 months of the start of the HOME activity.

Enter the dollar value of the infrastructure for this activity.

TOTAL INFRASTRUCTURE:

Enter the value of all infrastructures for this activity.

11. ACTIVITY LOCATION

STREET ADDRESS:

Enter the street address for this HOME activity.

CITY:

Enter the name of the city where this HOME activity is located.

ZIPCODE:

Enter the zip code for this HOME activity.

COUNTY:

Enter the name of the county for this HOME activity.

COUNTY CODE:

Enter the county code from the HOME Program – Geographic Code System for the State of Wisconsin (see attachment 6)

12. HOUSEHOLD CHARACTERISTICS

UNIT NO:

This number should always be 1 for homeowner projects.

Enter 1 here.

NO. OF BEDROOMS:

Enter the number of bedrooms for this activity.

OCCUPANT:

This number should be 2 for HOME single family activities.

Enter 2 here.

MONTHLY RENT:

The fields below are used for rental activities not for HOME funded single family activities. Please enter NA or leave them blank.

TENANT CONTRIBUTION:

This field is used for Rental activities not HOME funded single family activities.

Enter NA or leave it blank.

SUBSIDY AMOUNT:

This field is used for Rental activities not HOME funded single family activities.

Enter NA or leave it blank.

TOTAL RENT:

This field is used for Rental activities not HOME funded single family activities.

Enter NA or leave it blank.

INCOME DATA:

The fields below are used to determine income.

MONTHLY GROSS INCOME: (Round to the nearest dollar)

Enter the activity's household gross monthly income (monthly income before taxes).

% of AREA MEDIAN: (Round to the nearest dollar)

Use the HUD HOME Household Income Limits tablet found on the Bureau of Housing website:
<http://www.commerce.wi.gov/housing/cd-boh-HOME-Single-Family-HSF.html>.

Look up the activity county to get the % of area median.

Enter the % of area median income found in the HUD HOME Household Income Limits that corresponds to the activity household size and household gross yearly income.

HOUSEHOLD DATA:

The fields below provide household demographic information for this activity.

HISPANIC-CHECK IF YES:

Check the box if this is a Hispanic household.

RACE OF HEAD OF HOUSEHOLD:

11- WHITE

12-BLACK/AFRICAN AMERICAN

13-ASIAN

14-AMERICAN INDIAN/ ALASKAN NATIVE

15-NATIVE HAWAIIAN/ OTHER PACIFIC ISLANDER

16-AMERICAN INDIAN/ ALASKAN NATIVE & WHITE

17-ASIAN & WHITE

18-BLACK/AFRICAN AMERICAN & WHITE

19-AMERICAN INDIAN/ALAKAN NATIVE & BLACK/AFRICAN AMERICAN

20-BALANCE/OTHER

Choose this category if none of the other racial profiles apply.

09-VACANT UNIT

Enter the race of the head of household.

SIZE OF HOUSEHOLD:

Enter the number of people in the activity household.

TYPE OF HOUSEHOLD:

1-SINGLE/NON-ELDERLY:

Household head for this activity is unmarried and under the age of 65.

2-ELDERLY:

Household head is age 65 and over

3-RELATED/1 PARENT:

Household head is a single parent.

4-RELATED/2 PARENT:

The household contains two parents.

5-OTHER:

Use this if none of the other types of household apply.

6-VACANT UNIT:

Unit is vacant.

Enter the type of household.

RENTAL ASSISTANCE:

HOME funded single family activities will always be 4.

Enter 4 here.

13. DID THIS HOUSEHOLD RECEIVE HOMEBUYER COUNSELING?

NO COUNSELING:

Household received no homebuyer counseling.

PRE-PURCHASE:

Household received pre-purchase (before purchase) homebuyer counseling.

POST-PURCHASE:

Household received post-purchase (after purchase) homebuyer counseling.

BOTH PRE- AND POST-PURCHASE:

Household received both pre- and post-purchase counseling.

Check the box that applies to this household.

14. DID THIS HOUSEHOLD HAVE A MEMBER WITH A DISABILITY?

Check yes if any member of the activity household has a disability.

15. DID THIS PROJECT INVOLVE INTERIM CONTROLS (LEAD-SAFE WORK) OR ABATEMENT OF LEAD-BASED PAINT?

Check yes if this project involved interim controls or abatement of lead-base paint.

16. DID THIS ACTIVITY MEET ENERGY STAR STANDARDS?

Check yes if this unit was certified as a Wisconsin ENERGY STAR home. ENERGY STAR homes are 25 percent or more energy efficient than homes built with Wisconsin's Uniform Dwelling Code. Housing units receiving this certification must pass a series of performance tests and meet specific program standards before being certified.

Check yes and provide documentation if this is an ENERGY STAR unit.

17. DID THIS HOMEBUYER COME FROM SUBSIDIZED HOUSING (PUBLIC HOUSING OR RENTAL ASSISTANCE FROM A FEDERAL, STATE OR LOCAL PROGRAM) IMMEDIATELY PRIOR TO HOME ASSISTANCE?

Check yes if the homebuyer came from public housing or received rental assistance from a federal, state or local program immediately prior to home assistance.

18. DID YOU CONTRACT WITH ANY MBE (Minority Business Enterprise)/WBE (Women Business Enterprise) CONTRACTORS/SUBCONTRACTORS ON THIS PROJECT?

Check yes if this project used any MBE or WBE contractors or subcontractors.

ACTIVITY SET-UP REPORT**HOME PROGRAM****1. ACTIVITY INFORMATION**

ACTIVITY #:			
DATE:		CONTRACT #:	
<input type="checkbox"/> Original Submission		<input type="checkbox"/> Revision	
AGENCY NAME:		E-MAIL ADDRESS:	
AGENCY CONTACT:		TELEPHONE:	EXT. #:

Will this activity be carried out by a faith-based organization? ☐ YES ☐ NO
Was this activity located in a Historic Preservation Area? ☐ YES ☐ NO

2. ENVIRONMENTAL REVIEWApproximate age of unit

☐ YES ☐ NO Completed copies of the Statutory Checklist (Attachment 3-2) and Initial Activity Review Form (Attachment 3-5) are in the activity file at the Grantee's office

☐ YES ☐ NO We have sent a request for environmental review to the Environmental Desk at Commerce. Date Sent _____

3. HOME FUNDS

HOME funds Committed (including lead mitigation)	\$
HOME Program Income	\$
Other Funding	\$
Total Estimated Cost	\$

4. ACTIVITY INFORMATION

Estimated Units at Completion		Estimated HOME Assisted Units	
CHDO Tax ID:		County Code:	
Activity Setup Type:	Tenure Type:	Type of Ownership:	CHDO Code:
1. Rehab Only 2. New Construction Only 3. Acquisition Only 4. Acquisition & Rehab 5. Acquisition & New Construction	1. Rental 2. Homeownership Buyer 3. Homeowner Rehab	1. Individual 2. Partnership 3. Corporation 4. Not for Profit 5. Publicly Owned 6. Other	1. Owned 2. Sponsored 3. Developed

5. ACTIVITY STREET ADDRESS

Street Address	
City	Zipcode:

6. OWNER INFORMATION

Name	Telephone:
Street Address/P.O. Box	
City	Zipcode:

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(Signature and Title)

(Date)

Submit the Activity Set-Up Report to:

HOME Program
Bureau of Community Finance
Department of Commerce
P.O. Box 7970
Madison, WI 53707-7970

REQUEST FOR PAYMENT**HOME PROGRAM****1. ACTIVITY INFORMATION**

ACTIVITY #:	<input type="checkbox"/> ADMINISTRATIVE DOLLARS		<input type="checkbox"/> ACTIVITY DOLLARS	
REQUEST #:	CONTRACT #:			
Grantee Name:				
Address: (check to be mailed to)				
Contact Person:		Telephone:		Ext. #
Period covered by this request: from	(mm/dd/yy)	to	(mm/dd/yy)	

2. STATUS OF ACTIVITY/SUPPORT FUNDS

Activity Funds Committed or Support Funds Authorized per Contract	\$
LESS: Requests Paid To Date	\$
LESS: Amount Per This Request.....	\$
Remaining Balance To Date	\$

3. ACTIVITY DOLLARS

Activity Address	Amount of Request (Show dollars & cents)	Type of Payment 1=Progress 2=Final	
	\$		

OR**4. ADMINISTRATIVE DOLLARS**

Check one:	Amount of Request (Show dollars)	Type of Payment 1=Progress 2=Final	
<input type="checkbox"/> Admin <input type="checkbox"/> CHDO Operating	\$		

Certification

I certify that the funds requested for the above activity or administrative support will be used in accordance with the applicable requirements of the HOME Program and the BOH contract. I further certify that the costs in the activity file have proper documentation and are subject to monitoring and auditing procedures by BOH.

Signature (original signature required)

Date

Printed Name & Title of Authorized Signatory

DHCD OFFICIAL USE ONLY Approved By

Date

REMIT TO:

HOME Program
Bureau Community Finance
Department of Commerce
P. O. Box 7970
Madison, WI 53707-7970

HOMEOWNER COMPLETION REPORT**HOME PROGRAM****1. ACTIVITY INFORMATION**

ACTIVITY #:	PROGRAM: <input type="checkbox"/> HHR <input type="checkbox"/> WFS		
SUBMISSION DATE:	CONTRACT #:		
<input type="checkbox"/> Original Submission	<input type="checkbox"/> Revision		
AGENCY NAME:		EMAIL ADDRESS:	
AGENCY CONTACT:		TELEPHONE:	EXT. #:

Type of Activity: _____

- 1 Rehab Only
2 New Construction Only
3 Acquisition Only
4 Acquisition & Rehab
5 Acquisition & new Construction

Accessibility Modification?

- ☐ Yes
☐ No

First-time Homebuyer?

- ☐ Yes
☐ No

Section 504 Accessible?

- ☐ Yes
☐ No

Lease Purchase? If yes, date of agreement _____

2. HOME CONTRACT FUNDS*REHAB OR DEVELOPMENT*

Direct Loan	Annual Interest Rate:	Amortization Period-Years:	\$
Grant:			\$
Deferred Payment Loan (DPL)	Annual Interest Rate:	Amortization Period-Years:	\$
TOTAL HOME REHAB OR DEVELOPMENT FUNDS			\$

Relocation Costs	\$
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DOWNPAYMENT ASSISTANCE

Direct Loan	Annual Interest Rate:	Amortization Period-Years:	\$
Grant:			\$
Deferred Payment Loan (DPL)	Annual Interest Rate:	Amortization Period-Years:	\$
TOTAL HOME DOWNPAYMENT FUNDS			\$

Initial Purchase Price: \$	HOME Mortgage Limit: \$
After Rehab Value: \$	Appraised Value: \$

3. OTHER FEDERAL FUNDS

(Specify source & use)

Federal Funds		\$
Federal Funds		\$
USDA Rural Development Loan		\$
TOTAL FEDERAL FUNDS		\$

HOMEOWNER COMPLETION REPORT**HOME PROGRAM**

AGENCY NAME:

ACTIVITY #:

4. STATE/LOCAL FUNDS

(Specify source & use)

Housing Trust Funds		\$
State/Local Appropriated Funds		\$
State/Local Tax Exempt Bond Proceeds		\$
TOTAL STATE/LOCAL FUNDS		\$

5. PRIVATE FUNDS

Lender Name:	_____ WHEDA	Mortgage Amount:	
Loan Type: _____ fixed _____ variable	Lock In Date:	Interest Rate:	No. of Years:
Private Loan Amount			\$
Owner Cash Contribution			\$
Foundation Grants			\$
Individual Donations (specify who/what)			\$
TOTAL PRIVATE FUNDS			\$

6. HOME PROGRAM INCOME

TOTAL Program Income Used on this Activity	\$
---------------------------------------------------	----

TOTAL ACTIVITY COSTS (Total of Items 2 through 6)	\$
----------------------------------------------------------	----

7. DONATIONS

Description*

Site Preparation		\$
Construction Materials		\$
Donated Labor		\$
Owner Sweat Equity		\$
Counseling/Professional Services		\$
TOTAL DONATIONS		\$

Provide the documentation*8. FORGONE TAXES & FEES**

Description *

Forgone Taxes		\$
Waived Fees		\$
Waived Charges		\$
TOTAL FORGONE TAXES AND FEES		\$

**Provide the documentation*

HOMEOWNER COMPLETION REPORT

HOME PROGRAM

AGENCY NAME:

ACTIVITY #:

9. DONATED LAND

Description*

Publicly owned land		\$
Private Owned		\$
Foreclosed Property		\$
TOTAL DONATED LAND		\$

* Provide the necessary documentation

10. INFRASTRUCTURE

Description*

	\$
TOTAL INFRASTRUCTURE	\$

* Provide the necessary documentation

11. ACTIVITY LOCATION

STREET ADDRESS			
CITY		ZIPCODE	
COUNTY in which activity is located:		COUNTY CODE:	

12. HOUSEHOLD CHARACTERISTICS

Unit No	No. of Bedrooms	Occupant	Monthly Rent* (including Tenant Paid Utilities)			Income Data*		Hispanic - Check if "yes"	Household Data			
			Tenant Contribution	Subsidy Amount	Total Rent	Monthly Gross Income	% of Area Median		Race of Head of Household	Size of Household	Type of Household	Rental Assistance
	0-efficiency 1-1Bdrm 2-2 Bdrms 3-3 Bdrms 4-4 Bdrms 5-5 or more Bdrms	1-Tenant 2-Owner 9-Vacant					1-0-30% 2-31-50% 3-51-60% 4-61-80% 9-Vacant		11-White 12-Black/African American 13-Asian 14-American Indian / Alaskan Native 15-Native Hawaiian / Other Pacific Islander 16-American Indian / Alaskan Native & White 17-Asian & White 18-Black/African American & White 19-American Indian/Alaskan native & black/African American 20-Balancer/Other 09-Vacant unit	1-1 Person 2-2 Persons 3-3 Persons 4-4 Persons 5-5 Persons 6-6 Persons 7-7 Persons 8-or more Persons 9-Vacant	1-Single/non-Elderly 2-Elderly 3-Related/1 parent 4-Related/2 parent 5-Other 9-Vacant Unit	1-Section 8 2-HOME TBRA 3-Other 4-None 9-Vacant Unit
			\$	\$	\$	\$		<input type="checkbox"/>				

*Round to the nearest dollar.

HOMEOWNER COMPLETION REPORT**HOME PROGRAM**

AGENCY NAME:

ACTIVITY #:

13. Did this household receive homebuyer counseling:
- ☐ No counseling ☐ Post-purchase
☐ Pre-purchase ☐ Both Pre- and Post-purchase

14. Did this household have a member with a disability?
- ☐ Yes ☐ No

15. Did this activity involve interim controls (lead-safe work) or abatement of lead-based paint?
- ☐ Yes ☐ No

16. Did this activity meet Energy Star Standards?
- ☐ Yes ☐ No

(If "Yes" please provide documentation showing certification from Focus on Energy)

17. Did this homebuyer come from subsidized housing (public housing or rental assistance from a federal, state or local program) immediately prior to HOME assistance?
- ☐ Yes ☐ No

18. Did you contract with any MBE/WBE contractors/subcontractors for this activity?
- ☐ Yes ☐ No

(If "Yes" please attach the MBE/WBE reporting form)

Submit the Completion Report to:

HOME Program
Division of Community Development, Bureau of Housing
PO Box 7970
Madison WI 53707-7970

RENTAL COMPLETION REPORT

HOME PROGRAM

ACTIVITY #:	PROGRAM: ____ HHR-RR ____ RHD	
SUBMISSION DATE:	CONTRACT #:	
<input type="checkbox"/> Original Submission	<input type="checkbox"/> Revision	
AGENCY NAME:		
AGENCY CONTACT:		PHONE:

Type of Property: ____ Type of Activity: ____

1-Condominium	1 Rehab Only
2 Cooperative	2 New Construction Only
3 Single Room Occupancy	3 Acquisition Only
4 Apartment	4 Acquisition & Rehab
5 None of the Above	5 Acquisition & New Construction

	YES	NO
Rent Exceptions Activity?	<input type="checkbox"/>	<input type="checkbox"/>
Mixed Income Activity?	<input type="checkbox"/>	<input type="checkbox"/>
Mixed Use Activity?	<input type="checkbox"/>	<input type="checkbox"/>

Total Units Meeting Energy Star Standards ____

HOME Assisted Units meeting Energy Star Standards ____

Total Units Completed ____

HOME Assisted Units Completed ____

Accessibility Modified Units ____

Section 504 Accessible Units ____

1. HOME FUNDS FOR REHAB OR DEVELOPMENT

Direct Loan	Annual Interest Rate:	Amortization Period-Years:	\$
Grant:			\$
Deferred Payment Loan (DPL)	Annual Interest Rate:	Amortization Period-Years:	\$
Relocation Cost		\$	-----
TOTAL HOME FUNDS			\$

2. OTHER FEDERAL FUNDS

(Specify what funds were used)

Federal Funds		\$
Other Federal Funds		\$
Other Federal Funds		\$
TOTAL FEDERAL FUNDS		\$

RENTAL COMPLETION REPORT**HOME PROGRAM**

AGENCY NAME:

ACTIVITY #:

3. STATE/LOCAL FUNDS

(Specify what funds were used)

Housing Trust Funds	\$
State/Local Appropriated Funds	\$
State/Local Tax Exempt Bond Proceeds	\$
Net/Syndication Proceeds (No low income tax credit)	\$
TOTAL PUBLIC FUNDS	\$

4. TAX CREDITS

Low Income Tax Credit Syndication Proceeds	\$
TOTAL TAX CREDIT	\$

5. PRIVATE FUNDS

Lender Name:				No. of Years:
Loan Type: <input type="checkbox"/> fixed <input type="checkbox"/> variable	Lock In Date:	Interest Rate:		\$
Private Loan Amount				\$
Owner Cash Contribution				\$
Foundation Grants				\$
Individual Donations (specify who/what)				\$
TOTAL PRIVATE FUNDS				\$

6. PROGRAM INCOME

TOTAL Program Income Used on this Activity	\$
TOTAL ACTIVITY COSTS (Total Items of 1 through 6)	\$

7. DONATIONS

Description *

Site Preparation	\$
Construction Materials	\$
Donated Labor	\$
Owner Sweat Equity	\$
Counseling/Professional Services	\$
TOTAL DONATIONS	\$

*Provide the documentation

RENTAL COMPLETION REPORT**HOME PROGRAM**

AGENCY NAME:

ACTIVITY #:

8. FORGONE TAXES & FEES Description *

Forgone Taxes		\$
Waived Fees		\$
Waived Charges		\$
TOTAL FORGONE TAXES AND FEES		\$

*Provide the documentation

9. DONATED LAND Description *

Publicly owned land		\$
Private Owned		\$
Foreclosed Property		\$
TOTAL DONATED LAND		\$

* Provide the necessary documentation

10. INFRASTRUCTURE Description *

	\$
	\$
	\$
TOTAL INFRASTRUCTURE	\$

* Provide the necessary documentation

11. ACTIVITY LOCATION

STREET ADDRESS			
CITY		ZIPCODE	
COUNTY in which activity is located:		COUNTY CODE:	

12. HOUSEHOLD CHARACTERISTICS

[illegible]

RENTAL COMPLETION REPORT**HOME PROGRAM**

AGENCY NAME:

ACTIVITY #:

13. Number of households with a member with a disability: _____
14. Was this activity completed in a Historic Preservation Area?
☐ Yes ☐ No
15. Was this activity a conversion from non-residential to residential use?
☐ Yes ☐ No
16. Did this project involve a faith-based organization?
☐ Yes ☐ No
17. Did this project involve interim controls (lead-safe work) or abatement of lead-based paint?
☐ Yes ☐ No
18. Did you contract with any MBE/WBE contractors/subcontractors for this project?
☐ Yes ☐ No
(If "Yes" please attach the MBE/WBE reporting form)
19. Did you contract with any Section 3 businesses for this project?
☐ Yes ☐ No
(If "Yes" please attach the Section 3 Reporting form)
20. Submit an amended HOME Completion Report when any units previously reported as vacant are filled.
21. Was this activity completed in conjunction with the "Main Street" Program?
☐ Yes ☐ No

Submit the Completion Report to: HOME _____ Program
Division of Housing and Community Development
PO Box 7970
Madison WI 53707-7970

HOME WAIVER REQUEST

The Waiver Request must be submitted if:

- ◆ \$30,000 or more from ALL sources will be invested in rehabilitation activity **or**
- ◆ \$40,000 or more in funds from all sources will be invested in downpayment/closing costs and/or rehabilitation. This does NOT include the first mortgage amount.

Date of Submission: _____

Grantee Name: _____ Phone Number: _____

Contact Person: _____ Fax Number: _____

Activity Address: _____ County _____

Current Value/Purchase Price: _____ Age of Property: _____

After Rehab Value: _____

Amount of HOME Funds: Down Payment/Closing Costs: _____
Rehabilitation: _____

OTHER Funding: SOURCE: _____ AMOUNT: _____
SOURCE: _____ AMOUNT: _____
SOURCE: _____ AMOUNT: _____
SOURCE: _____ AMOUNT: _____

HUD Purchase Price/Value Limit: _____

Work Write-Up/Specifications ☐ Yes, please attach

HOMEBUYER ONLY

Appraised Value at Purchase: _____ Amount of Purchase Mortgage: _____

REHABILITATION ONLY

Other Liens on Property: SOURCE: _____ AMOUNT: _____
SOURCE: _____ AMOUNT: _____

[illegible]

- ☐ Before a decision can be made the following information must be submitted:
- ☐ Based on the information provided, a variance is granted to proceed with the above-listed activity.

HOME Program Manager

Date _____

HOME Program - County Code System			
County	Code	County	Code
Adams County	001	Marathon County	073
Ashland County	003	Marinette County	075
Barron County	005	Marquette County	077
Bayfield County	007	Menominee County	078
Brown County	009	Milwaukee County	079
Buffalo County	011	Monroe County	081
Burnett County	013	Oconto County	083
Calumet County	015	Oneida County	085
Chippewa County	017	Outagamie County	087
Clark County	019	Ozaukee County	089
Columbia County	021	Pepin County	091
Crawford County	023	Pierce County	093
Dane County	025	Polk County	095
Dodge County	027	Portage County	097
Door County	029	Price County	099
Douglas County	031	Racine County	101
Dunn County	033	Richland County	103
Eau Claire County	035	Rock County	105
Florence County	037	Rusk County	107
Fond du Lac County	039	St. Croix County	109
Forest County	041	Sauk County	111
Grant County	043	Sawyer County	113
Green County	045	Shawano County	115
Green Lake County	047	Sheboygan County	117
Iowa County	049	Taylor County	119
Iron County	051	Trempealeau County	121
Jackson County	053	Vernon County	123
Jefferson County	055	Vilas County	125
Juneau County	057	Walworth County	127
Kenosha County	059	Washburn County	129
Kewaunee County	061	Washington County	131
La Crosse County	063	Waukesha County	133
Lafayette County	065	Waupaca County	135
Langlade County	067	Waushara County	137
Lincoln County	069	Winnebago County	139
Manitowoc County	071	Wood County	141